



Secretary of the State of Connecticut

Phone: [860-509-6003](tel:860-509-6003) Website: business.ct.gov Email: bsd@ct.gov

ORGANIZATION AND FIRST REPORT [Accessible Version Available](#)

STOCK OR NONSTOCK CORPORATIONS - Use Ink. Print or Type. Attach 8 1/2" X 11" sheets if necessary.

FILING PARTY <i>(Confirmation will be sent to this address):</i> NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER :		FILING FEE: \$150 <i>Exception: \$50.00 filing fee for nonstock (nonprofit) corporations.</i> <i>Make checks payable to "Secretary of the State"</i>						
1. NAME OF CORPORATION <i>(Name must match our records exactly, including the business designation, e.g., Inc., Co., Corp.):</i>								
2. DATE OF ORGANIZATION MEETING:	3. NAICS CODE <i>(six digits) (required):</i> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> </tr> </table>							
4. PRINCIPAL OFFICE ADDRESS <i>(required) (Provide full address):</i> (P.O. Box unacceptable) STREET: CITY: STATE: ZIP CODE:								
5. MAILING ADDRESS <i>(If other than principal office address):</i> (P.O. Box IS acceptable) STREET OR P.O. BOX: CITY: STATE: ZIP CODE:								



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6. OFFICERS:	
A. OFFICER'S NAME:	TITLE
BUSINESS ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:
Check box if none: <input type="checkbox"/>	
B. OFFICER'S NAME:	TITLE
BUSINESS ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:
Check box if none: <input type="checkbox"/>	
C. OFFICER'S NAME:	TITLE
BUSINESS ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:
Check box if none: <input type="checkbox"/>	
7. DIRECTORS:	
A. DIRECTOR'S NAME:	TITLE
BUSINESS ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:
Check box if none: <input type="checkbox"/>	
B. DIRECTOR'S NAME:	TITLE
BUSINESS ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:
Check box if none: <input type="checkbox"/>	
C. DIRECTOR'S NAME:	TITLE
BUSINESS ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS (required): <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP CODE:
Check box if none: <input type="checkbox"/>	



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8. CHANGE OF REGISTERED AGENT INFORMATION *(If no changes, check box "no changes" and proceed to Section 9):*

Check box if no changes:

NOTE: COMPLETE EITHER 8A OR 8B BELOW, NOT BOTH.

A. If Agent is an individual, print or type full legal name: _____

Signature accepting appointment _____

BUSINESS ADDRESS (required):
(P.O. Box unacceptable)

Check box if none:

CONNECTICUT RESIDENCE ADDRESS (required):
(P.O. Box unacceptable)

STREET:

STREET:

CITY:

CITY:

STATE: ZIP CODE:

STATE: CT ZIP CODE:

CONNECTICUT MAILING ADDRESS (required) (For stock corporations only):

STREET OR P.O. BOX:

CITY:

STATE: CT ZIP CODE:

NOTE: DO NOT COMPLETE 8B IF AGENT APPOINTED IN 8A ABOVE.

B. If Agent is a business,

print or type name of business as it appears on our records: _____

Signature accepting appointment on behalf of agent: _____

Print full name and title of person signing on behalf of agent: _____

CONNECTICUT BUSINESS ADDRESS (required):
(P.O. Box unacceptable)

STREET:

CITY:

STATE: CT ZIP CODE:

CONNECTICUT MAILING ADDRESS (required):
(for stock corporations only)

STREET OR P.O. BOX:

CITY:

STATE: CT ZIP CODE:

9. ENTITY E-MAIL ADDRESS (required):

10. EXECUTION/SIGNATURE (required) (Subject to penalties of false statement):

Date (mm/dd/yyyy): _____

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

INSTRUCTIONS FOR COMPLETION OF THE ORGANIZATION AND FIRST REPORT – CORPORATION

Instructions correspond with numbered entries on the form.

1. Provide the complete name of the Corporation as it currently appears on the records of the Secretary of the State, including the business designation, e.g., Inc., Co., Corp.
2. Provide the month, day, and year on which the organization meeting took place. (The first report is due within 90 days of file date of the Certificate of Incorporation.)
3. Provide the six-digit North American Industry Classification code number. The code can be found by going to www.census.gov/naics or by calling the U.S. Census Bureau at [1-888-756-2427](tel:1-888-756-2427). (business/occupation/profession code)
4. Provide a complete address of the Corporation's principal office including a number, street name, city, state, and postal code. P.O. Boxes are only acceptable as additional information.
5. Provide the address to which the Secretary of the State should mail the Corporation's annual report form, if other than its principal office address. A P.O. Box is acceptable for this address.
6. Provide the names of all of the Corporation's officers, their titles, and their business and residence addresses. Complete street addresses, including a number, street name, city, state, postal code, and country if other than the United States, are required. Note: P.O. boxes are only acceptable as additional information. Additional officer information may be provided on attachment sheets; be sure to label all address information ("business" and "residence").
7. Provide the names of all of the Corporation's directors and their business and residence addresses. Complete street addresses, including a number, street name, city, state, postal code, and country if other than the United States, are required. Note: P.O. boxes are only acceptable as additional information. Additional director information may be provided on attachment sheets; be sure to label all address information ("business" and "residence").
8. CHANGE OF REGISTERED AGENT INFORMATION: Complete this section if the corporation wishes to change its registered agent information. If no changes to agent information, check box "no changes." Complete Section A if the agent will be a person who is a Connecticut resident; complete Section B if the agent is a business entity that is active on the records of the Secretary of the State (corporation, LLC, LLP, or statutory trust). Note that the Corporation cannot appoint itself as the registered agent. To verify current agent info, go to business.ct.gov; click on "Business Services" then "Search Business" and enter exact business name or business ID# and click on result. Check "Agent Summary."
9. ELECTRONIC MAIL ADDRESS: Please enter the Corporation's email address.
10. The document must be executed/signed by an authorized official (officer/director) of the Corporation. That person must print or type their name, state the capacity/title under which they sign, and provide a signature. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

OFFICE OF THE SECRETARY OF THE STATE

Mailing Address:

Business Services Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470

WEBSITE: business.ct.gov

Delivery Address:

Business Services Division
Connecticut Secretary of the State
165 Capitol Avenue, Suite 1000
Hartford, CT 06106

PHONE: [860-509-6003](tel:860-509-6003)